

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10623,121

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 9 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 9 minus 20 = | 0 |
| INDEPENDENT CLAIMS | 1 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OTHER THAN OR SMALL ENTITY |
|----------------------|---------------------------------|
| RATE | Fee |
| BASIC FEE | 375.00 |
| OR | BASIC FEE 750.00 |
| X\$ 9= | <input type="checkbox"/> |
| OR | X\$18= <input type="checkbox"/> |
| X42= | <input type="checkbox"/> |
| OR | X84= <input type="checkbox"/> |
| +140= | <input type="checkbox"/> |
| OR | +280= <input type="checkbox"/> |
| TOTAL | <input type="checkbox"/> |
| OR TOTAL | <input type="checkbox"/> |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | • 11 | Minus | ** 20 = 0 |
| Independent | • 2 | Minus | *** 3 = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | OTHER THAN OR SMALL ENTITY |
|--------------------|---|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | <input type="checkbox"/> |
| OR | X\$18= <input type="checkbox"/> |
| X42= | <input type="checkbox"/> |
| OR | X84= <input type="checkbox"/> |
| +140= | <input type="checkbox"/> |
| OR | +280= <input type="checkbox"/> |
| TOTAL ADDT. FEE | <input type="checkbox"/> |
| OR | TOTAL ADDT. FEE <input type="checkbox"/> |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | • 23 | Minus | ** 20 = 3 |
| Independent | • 4 | Minus | *** 3 = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | | | |
|--------------------------|--------------------------|--------------------|--------------------------|
| <input type="checkbox"/> | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| 20 | <input type="checkbox"/> | 50 | <input type="checkbox"/> |
| X\$ 9= | 395 | X\$18= | <input type="checkbox"/> |
| 100 | <input type="checkbox"/> | X84= | <input type="checkbox"/> |
| X42= | 100 | 900 | <input type="checkbox"/> |
| +140= | <input type="checkbox"/> | +280= | <input type="checkbox"/> |
| TOTAL ADDT. FEE | <input type="checkbox"/> | TOTAL ADDT. FEE | 0 |
| OR | | OR | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | • | Minus | ** = 0 |
| Independent | • | Minus | *** = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | | | |
|--------------------------|--------------------------|--------------------|--------------------------|
| <input type="checkbox"/> | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | <input type="checkbox"/> | X\$18= | <input type="checkbox"/> |
| X42= | <input type="checkbox"/> | X84= | <input type="checkbox"/> |
| +140= | <input type="checkbox"/> | +280= | <input type="checkbox"/> |
| TOTAL ADDT. FEE | <input type="checkbox"/> | TOTAL ADDT. FEE | <input type="checkbox"/> |
| OR | | OR | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.